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## BIB DATA SHEET

CONFIRMATION NO. 8147

<b>SERIAL NUMBER</b> 10/681,740	<b>FILING or 371(c) DATE</b> 10/09/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 2784-36		
<b>APPLICANTS</b> Ronald D. Berger, Baltimore, MD; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/586,787 06/05/2000 PAT 6,633,780 which claims benefit of 60/137,919 06/07/1999 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 01/09/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/SCOTT M GETZOW/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203 UNITED STATES						
<b>TITLE</b> Cardiac shock electrode system and corresponding implantable defibrillator system						
<b>FILING FEE RECEIVED</b> 536	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			